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- 1) What is your organization doing to address the provider/supply side of opioids? What suggestions does your organization have (if any) to address the supply side of opioids?
- 2) What is your organization doing to address the demand/user side of opioids? What suggestions does your organization have (if any) to address the user side of opioids?

SLC VAMC is implementing systems reorganization (i.e., Whole Health approach), which emphasizes several aspects of a patient's life, well-being, and function (in contrast to the traditional medical model which emphasizes "find it, fix it" approach). Specifically, emphasis is on identifying cognitive, spiritual, relational, nutritious, environmental, and physical interventions, which in turn, results in less opioid prescribing. While Whole Health is initially being developed on the SLC VA campus, it is projected to be rolled out to the surrounding community based outpatient clinics (CBOCs), including the Price CBOC, by 2020.

The Primary Care Pain Education and Opioid Monitoring Program (PC-POP) is a Whole Health funded program at the SLC VAMC, and serves as a resource for patients with chronic non-cancer pain receiving opioid therapy in primary care. PC-POP is responsible for providing primary care patients with education regarding pain and opioids, monitoring for aberrant drug-related behaviors, and coordinating access to Whole Health services, including Cognitive-Behavioral Therapy for Chronic Pain (CBT-CP), Living Well With Chronic Conditions Group, Mindfulness Center, among other nonpharmacological interventions. Again, PC-POP is currently active on the SLC VA campus, with projected roll-out to all CBOCs, including the Price CBOC, by 2020. We intend to offer CBT-CP and Mindfulness services via telemental health to Price CBOC at that time.

Patients who are enrolled in PC-POP receive the following Q6months:

- 1 hour of psychoeducation about pain, opioids, individualized risk factors for opioid overdose, & Whole Health approach to treating pain
- Urine drug screening
- Controlled Substance Database (CSD) Review
- I-med consent
- STORM Opioid Risk Review
- Narcan kit education/distribution
- Evaluation & prescription distribution for bowel care

- Norm-referenced assessment of physical/emotional function, quality of life, and risk for substance abuse
- Referrals to nonpharmacological treatments for pain
- Referrals to Addiction Treatment Services (ATS) and/or Addiction Medicine (VIP)
- Interval (Q3month) RN care management telephone follow-up to evaluate progress towards goals

Primary care providers receive:

- Less time burden during clinic appointments
- CPRS documentation of aforementioned variables to improve patient safety & outcome/tracking measures
- Real-time feedback re: patient status & opioid risk to inform clinical judgment
- Pharmacist-guided opioid and benzo tapers upon request

Patients with chronic non-cancer pain receiving opioid therapy in primary care will be screened by PC-POP for risk of overdose using the STORM database, among other predictors. Patients who are identified to be at risk are referred to a secondary review committee who not only recommends to the patient additional interventions and referrals (i.e., Medication Assisted Therapies [MAT], Pain Clinic/Integrative Health Service, Functional Restoration and Academic Model of Excellence [FRAME] Clinic, Transitional Pain Service [TPS], Anesthesiology Service, Physical Medicine & Rehabilitation (PM&R), Addiction Treatment Service [ATS], Outpatient Mental Health, etc.), but also identifies providers who can benefit from education and guidance to improve their own prescribing practices. For example, such providers may be provided with evidence-based, pharmacist-guided tapers for opioids and/or benzodiazepines and co-management with PC-POP pharmacist during taper process.

As noted above, TPS provides education to surgical patients about opioids pre- and post-surgery to mitigate long-term need for opioids post-operatively. The idea is to provide intervention early to avoid such medications being continued unnecessarily in the first place. This service is available to all patients who undergo procedures as SLC VAMC.

The Integrative Health Service also serves as a resource for nonpharmacologic methods of pain management, including acupuncture, hypnosis, massage therapy, manual medicine, Qigong, yoga, meditation, mind-body skills, and other complementary/integrative health (CIH) methods. Patients who receive care through the Price CBOC may be able to access such services via Choice.